

# Zoning Inquiry

Number \_\_\_\_\_  
Phone Call \_\_\_\_\_

Date: 7/9/2013 Township: Gilead

Name of Owner: The LEVINGS Trust  
A Trustee - Mary Jane Levings

Current Mailing Address: 234 W. MARION Mt. Gilead, OH 43338

Best Phone #: 419-946-4466 or 567-231-9660 (Resident Kandy Levings)

Address of Subject Property: 4848 TR 114 Mt. Gilead, OH 43338

Structures presently located on Property: Trailer (replacing) barn - Cuonset hut

New Construction	Accessory Building	Other: Please explain what you would like to do with your property or complaint
Survey (Engineer's Office)	Survey (Engineer's Office)	<u>Floods setting</u>
Auditor's page From Website	Auditor's page From Website)	
On-Site (Health Dept.)	Drawings	
Drawings	Stake out 4 corners	
Stake out 4 corners	Use of Bldg	<u>28x44 DW Manuf. Home to be used as Sngl. Fam. Res.</u>

LEVINGS Trust - trustee Mary Jane Levings  
Property Owner

Zoning Department

Recommendations

Director of Operations

Recommendations

\_\_\_ Conditional Use \_\_\_ Variance \_\_\_ Re-Zone \_\_\_ Zoning Permit \_\_\_ Nuisance

MA-12-001

Today @ 2:30p  
7-11-13

## Data For Parcel G19-001-00-301-00

## Base Data

**Parcel:** G19-001-00-301-00  
**Owner:** LEVINGS KEITH E & MARY JANE TRUSTEES  
**Address:** 4848 TWP 114 RD



## Tax Mailing Address

**Tax Mailing Name:** LEVINGS KEITH E  
**Address:** 234 W MARION ST  
**City State Zip:** MOUNT GILEAD OH 43338

## Owner Address

**Owner Name:** LEVINGS KEITH E  
**Address:** 4850 TWP 114 RD  
**City State Zip:** MOUNT GILEAD OH 43338

## Geographic

**City:** UNINCORPORATED  
**Township:** GILEAD TOWNSHIP  
**School District:** MT GILEAD EVSD

## Legal

<b>Legal Acres:</b>	9.77	<b>Homestead Reduction:</b>	NO
<b>Legal Description:</b>	PT SW COR NE1/4 REG#943 LOC:4848 TR 114 RTS:201707	<b>2.5% Reduction</b>	NO
<b>Land Use:</b>	560 - MANUFACTURED HOMES	<b>Foreclosure:</b>	NO
<b>Neighborhood:</b>	00700	<b>Board of Revision:</b>	NO
<b>Number Of Cards:</b>	1	<b>New Construction:</b>	NO
<b>Annual Tax (Does not include delinquencies.):</b>	\$734.64	<b>Divided Property:</b>	NO
<b>Map Number:</b>		<b>Routing Number:</b>	53 SE

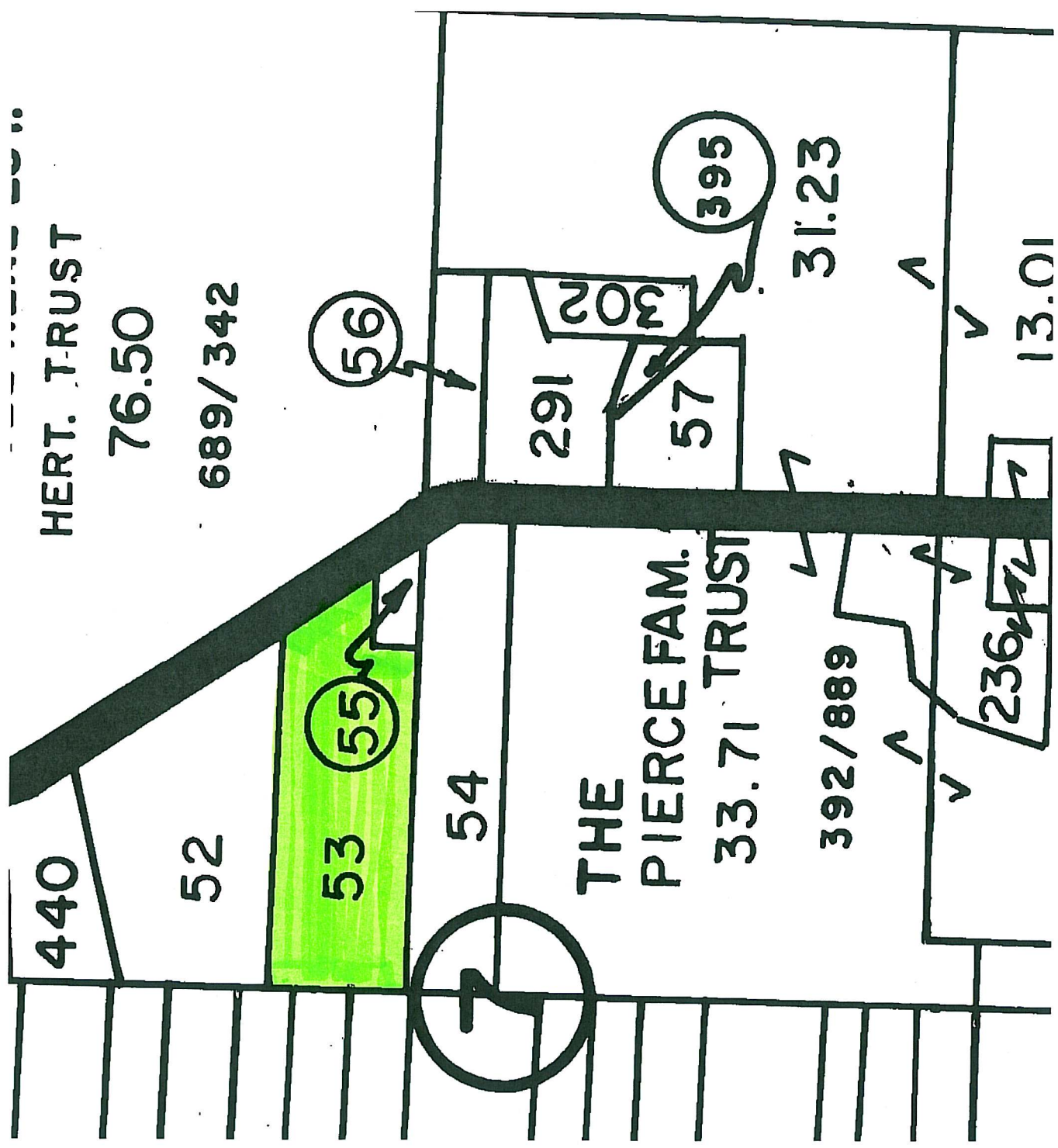
## Notes

**Notes:** DEED NUMBER: 705/728  
 ZONING: Agricultural

*cred. 7-11-13*  
*13/11*

Report Discrepancy

CAMA database last updated 7/11/2013 12:02:33 AM.



440

HERT. TRUST

76.50

52

689/342

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56

54

291

THE  
PIERCE FAM.  
33.71 TRUST

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202

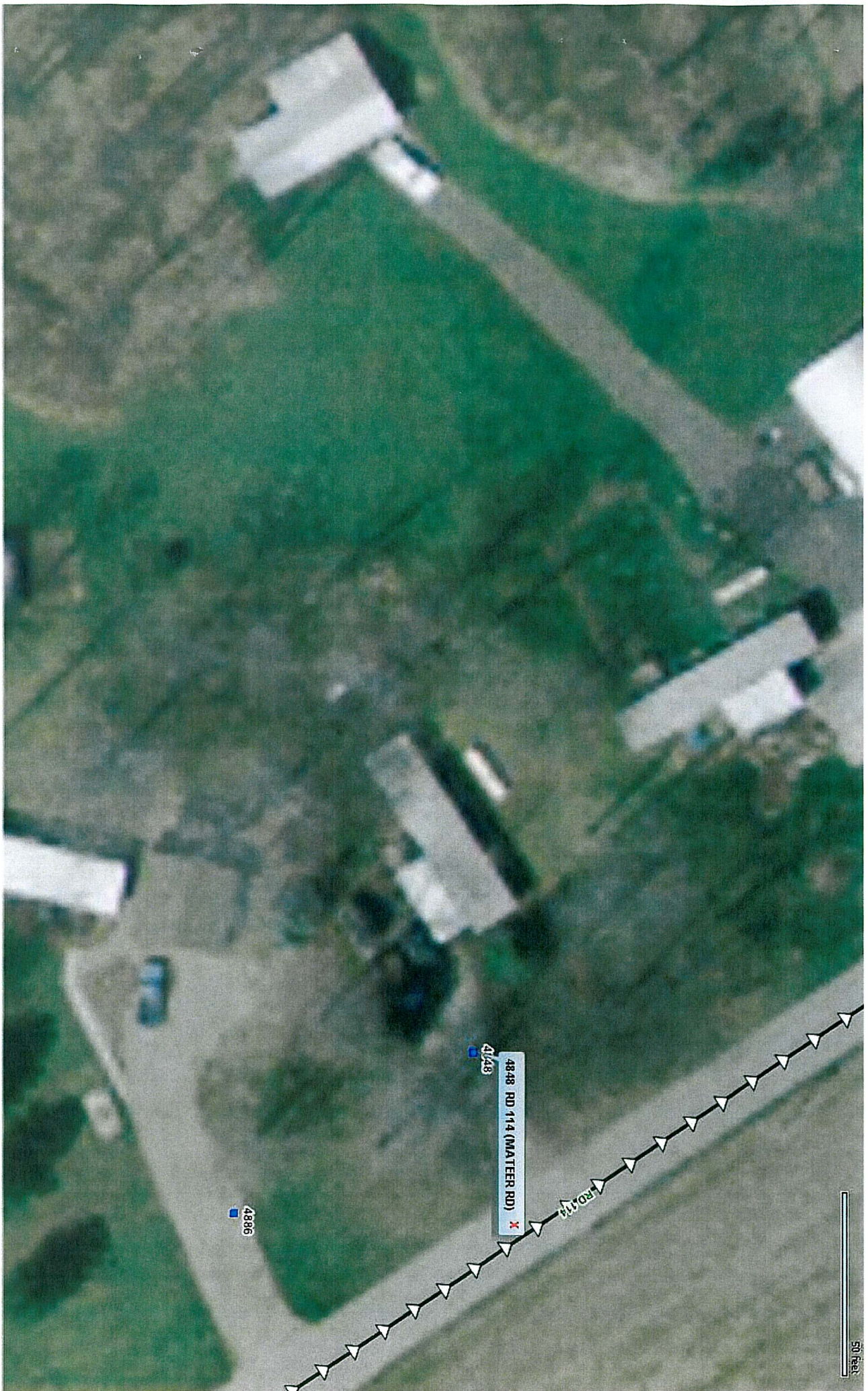
395

31.23

392/889

236

13.01



Cc: [Ron.Widener@vmf.com](mailto:Ron.Widener@vmf.com)

Subject: Selected photos from ID #: 64890740

Every Manufactured Home has a data plate located in the home giving you all the information. I have attached a copy of that data plate showing the manufacturing date.

I've attached selected photos from ID #64890740.

Address: 9366 MARSEILLES GALION RD, CALEDONIA OH, 43314

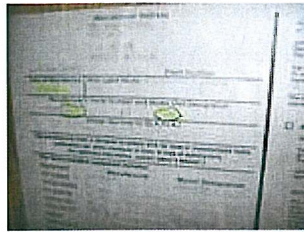
Year: 2003

Make: OAKWOOD

Size: 44 X 28

Bedrooms: 3

Bathrooms: 2.00



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CONFIDENTIALITY NOTICE

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Plant Number

Date of Manufacture	HUD Label No.(s)

Manufacturer's Serial Number and Model Unit Designation

Design Approval by (D.A.P.I.A.)

This manufactured home is designed to comply with the federal manufactured home construction and safety standards in force at time of manufacturing.  
(For additional information, consult \_\_\_\_\_.)

**The factory-installed equipment includes:**

**Equipment includes:**

For testing  
Manufacturer

## Model Designation

The image shows the front cover of a book. The main part of the cover is a dark, textured material, possibly cloth or leatherette, in a dark grey or black color. There is a vertical strip of lighter, possibly white or light grey, material running along the right edge, which appears to be the spine or a hinge area. The texture of the dark material is slightly grainy. The overall appearance is that of a well-used, possibly vintage, book.

THE UNIVERSITY OF CHICAGO PRESS

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# APPLICATION FOR MORROW COUNTY ZONING PERMIT

Date: 7-11-13 Gilead Township Application No. 13-042  
 Location of Building Site: Road/Route: Twp. Rd. 114 House #: 4848  
 Name of Owner: Larings Fam. Trust Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Current Mailing Address: \_\_\_\_\_

Property Zoned As: \_\_\_\_\_ Property Existing Use As: \_\_\_\_\_

Deed Recorded: Date: \_\_\_\_\_ Volume \_\_\_\_\_ Page \_\_\_\_\_ Plat Received: ☐

Proposed Building: New construction: ☒ Addition: ☐ Rplcmt.

Residence: ☒ Business: ☐ Industry/Commercial: ☐ Agriculture: ☐ Accessory Building: ☐ Other: ☐

# of Bedrooms: 3 # of Bathrooms: 2 Dimensions: 28x44

Lot Size: 9.77 Ac. Sq. Ft. of living space: 1232 # of Stories: 1 Garage: —

Type: Manuf. Home (7-16-13) Use: Single Fam. Res.

Type of Sewage Disposal: Septic Health Department On-Site Signed By: J West.

(If proposed use is commercial or industry, enclose a detailed description of the nature of the business or industry)

Application Approved: ☐

Application Denied: ☒

Denial Explanation: Need copy of health Dept. report, copy of manuf. ID plate showing date. Approval CONDITIONAL based on receipt of same. Compliance Insp. req'd upon completion.

The undersigned applies for a zoning permit. Said permit to be issued on the basis of the information contained within this application. The applicant certifies that the information provided above is correct and the use is as stated. **This Application for a Zoning Permit is for (1) year only from the date of issuance. After (1) year a new Application for a Zoning Permit will be issued with appropriate fees being applied.** The applicant further agrees to contact the Morrow County Zoning Office 419/946-1911 once building is complete for a final inspection at which time Applicant will receive Zoning Certificate By signing this Application Applicant is giving permission to Morrow County Zoning Inspector to enter property.

Signature of Application: X Date: X

(For Official Use Only)

Date Received: \_\_\_\_\_ Fee Paid: \$431.20 Check Number: \_\_\_\_\_ Cash: \_\_\_\_\_